MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO 10723140 **FILING DATE** 11 25 03

APPLICANT(S)

CLAIMS

	AS FILED IND	AS FILED DEP	AFTER 1ST AMENDMENT IND	AFTER 1ST AMENDMENT DEP	AFTER 2ND AMENDMENT IND	AFTER 2ND AMENDMENT DEP			IND	DEP	IND	DEP	IND	DEP
1								51						
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44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.								TOTAL IND.						
TOTAL DEP.								TOTAL DEP.						
TOTAL								TOTAL						